## **MMP SATISFACTION SURVEY - 2021**

INTERVIEWER				DATE_	/	/ TIM	1E	
INTERVIEW LOCATION				FACIL	ITY NAMI	E (If Applicable) _		
Please	verify that the inte	rview info	rmation abov	e is correct fo	r your int	erview and com	plete the que	estions below.
	esponses are confidenator only.	ential and n	ot shared with	your interviev	er, and ar	e used as quality	assurance for	the Project
1.	MMP staff conduc	ted themsel	ves with prof	essionalism and	d courtesy	at all times.		
	☐ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strong	gly Disagree		
2.	Interaction with MMP staff was a positive experience.							
	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strong	gly Disagree		
3.	All of my questions and/or concerns were address throughout the interview.							
	□ Yes		□ No (please comment in box below)					
4.	Having participated with MMP would you agree to participate again if asked?							
	□ Yes		□ No □ Unsure					
5.	Were you satisfied with your token of appreciation (\$50 VISA gift card)?							
	☐ Yes ☐ No (please comment in box below)							
6.	A fact sheet about	MMP is en	closed in you	envelope, who	at other inf	formation would	be of interest	to you?
	☐ Basic health trends ☐ Substance use ☐ Sexual behavior ☐ STDs ☐ Other, specify							
7.	Please rate each potential method of being contacted about participating with MMP, with 1 being very comfortable and 5 being very uncomfortable.							
	By Mail *Very Comfortable	□ 1 <b>◄</b>	□ 2		3	□ 4	□ 5	*Very Uncomfortable
	By Phone *Very Comfortable	□ 1	□ 2		3	□ 4	□ 5	*\/
	By Text	□ 1	□ 2		3	□ 4	□ 5	*Very Uncomfortabl
	*Very Comfortable Home Visit	□ 1	□ 2		3	□ 4	□ 5	*Very Uncomfortable
	*Very Comfortable By Email	<b>←</b> 1	□ 2		3	□ 4	□ 5	*Very Uncomfortable
	*Very Comfortable	•					<b></b>	*Very Uncomfortable
Comm	ents:							